

**Announced Care Inspection
of
McGonigle Dental Practice**

24 April 2015

1. Summary of Inspection

An announced care inspection took place on 24 April 2015 from 11.00 to 12.45. Overall on the day of the inspection the management of medical emergencies and recruitment and selection were found to be generally safe, effective and compassionate. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report. This inspection was underpinned by The Independent Health Care Regulations (Northern Ireland) 2005, The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulation 2011, The DHSSPS Minimum Standards for Dental Care and Treatment (2011), Resuscitation Council (UK) guidelines on quality standards for cardiopulmonary resuscitation practice and training in primary dental care (November 2013), Resuscitation Council (UK) guidelines on minimum equipment list for cardiopulmonary resuscitation in primary dental care (November 2013), and the British National Formulary (BNF) guidelines on medical emergencies in dental practice.

1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection on 26 June 2014.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection Outcome

| | Requirements | Recommendations |
|---|--------------|-----------------|
| Total number of requirements and recommendations made at this inspection | 0 | 7 |

The details of the QIP within this report were discussed with Mr Barry McGonigle, registered person, as part of the inspection process. The timescales for completion commence from the date of inspection.

Service Details

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| Registered Organisation/Registered Person: Mr Barry McGonigle | Registered Manager: Mr Barry McGonigle |
| Person in Charge of the Practice at the Time of Inspection: Mr Barry McGonigle | Date Manager Registered: 18 June 2013 |
| Categories of Care: Independent Hospital (IH) – Dental Treatment | Number of Registered Dental Chairs: 3 |

2. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection.

The themes for the 2015/16 year are as follows:

- Medical and other emergencies; and
- Recruitment and selection

3. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to inspection the following records were analysed: staffing information, patient consultation report, and complaints declaration.

During the inspection the inspector met with Mr Barry McGonigle, registered provider and two dental nurses.

The following records were examined during the inspection: relevant policies and procedures, training records, one staff personnel file, job descriptions, contracts of employment, and two patient medical histories.

4. The Inspection

4.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the practice was an announced care inspection dated 26 June 2014. No requirements or recommendations were made during this inspection.

4.2 Review of Requirements and Recommendations from the last Care Inspection dated 26 June 2014

As above.

4.3 Medical and other emergencies

Is Care Safe?

Review of training records and discussion with staff confirmed that the management of medical emergencies is included in the induction programme and training is updated on an annual basis, in keeping with the General Dental Council (GDC) Continuing Professional Development (CPD) requirements.

Discussion with staff confirmed that they were knowledgeable regarding the arrangements for managing a medical emergency and the location of medical emergency medicines and equipment.

Review of medical emergency arrangements evidenced that emergency medicines are provided in keeping with the British National Formulary (BNF), and that in the main emergency equipment as recommended by the Resuscitation Council (UK) guidelines is retained in the practice. It was observed that Glucagon medication is not stored in the fridge and a revised expiry date had not been recorded on the packaging to reflect this, and the format of Midazolam available is not the format recommended by the Health and Social Care Board (HSCB). The inspector advised that when the current form of Midazolam expires it should be replaced with Buccolam Pre-Filled syringes as recommended by HSCB.

Discussion with Mr McGonigle confirmed that an automated external defibrillator (AED) is not available at the practice and observation of emergency medical equipment identified that oropharyngeal airways were available in adult size 2 and 4 only.

A robust system is in place to ensure that emergency medicines and equipment do not exceed their expiry date. There is an identified individual within the practice with responsibility for checking emergency medicines and equipment.

Discussion with staff and review of documentation demonstrated that the patient's medical history is established before receiving care and treatment in the dental practice. Staff confirmed that patient's records are kept in both paper form and on the practice computerised system. Review of two patient's paper records identified that one patient's medical history had not been recorded as having been updated. Discussion with Mr McGonigle and staff identified that dentists and dental nurses may have differing systems for reviewing patients' medical history.

Overall on the day of the inspection it was identified that some improvement is needed to ensure the arrangements for managing a medical emergency are safe.

Is Care Effective?

The policy for the management of medical emergencies reflected best practice guidance. Protocols are available for staff reference outlining the local procedure for dealing with the various medical emergencies.

Discussion with staff demonstrated that they have a good understanding of the actions to be taken in the event of a medical emergency and the practice policies and procedures.

Discussion with staff confirmed that there have been no medical emergencies in the practice since the previous inspection.

Overall on the day of the inspection the arrangements for managing a medical emergency were found to be effective.

Is Care Compassionate?

Review of standard working practices demonstrated that the management of medical and other emergencies incorporate the core values of privacy, dignity and respect.

During discussion staff demonstrated a good knowledge and understanding of the core values that underpins all care and treatment in the practice.

Overall on the day of the inspection the arrangements for managing a medical emergency were found to be compassionate.

Areas for Improvement

Glucagon should be stored in keeping with the manufacturer's guidance.

Oropharyngeal airways should be provided in keeping with the Resuscitation Council (UK) Guidance.

Advice and guidance should be sought in regards to the provision of an AED.

Establish a system to ensure each patient's medical history is updated and recorded at the commencement of each new course of treatment.

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| Number of Requirements: | 0 | Number of Recommendations: | 4 |
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4.4 Recruitment and selection

Is Care Safe?

Review of the recruitment policy and procedure available in the practice identified that further development was needed to ensure this policy was comprehensive and reflective of best practice guidance. The policy should include the procedure for obtaining enhanced AccessNI checks prior to staff commencing work and to ensure applicants provide a criminal conviction declaration.

The personnel file of the staff member recruited since registration with RQIA was examined. The following was noted:

- positive proof of identity, including a recent photograph;
- evidence that an enhanced AccessNI check was received prior to employment;
- two written references;
- details of full employment history, including an explanation of any gaps in employment;
- documentary evidence of qualifications, where applicable;
- evidence of current GDC registration, where applicable;
- no criminal conviction declaration made by the applicant;
- confirmation that the person is physically and mentally fit to fulfil their duties; and
- evidence of professional indemnity insurance, where applicable.

It was noted that the original AccessNI disclosure certificate was retained in the practice, this was discussed with Mr McGonigle as disclosure certificates should be handled in keeping with the AccessNI Code of Practice.

A staff register was retained containing staff details including, name, date of birth, position; dates of employment; and details of professional qualification and professional registration with the GDC, where applicable.

Mr McGonigle confirmed that a robust system is in place to review the professional indemnity status of registered dental professionals who require individual professional indemnity cover. A review of a sample of records demonstrated that the appropriate indemnity cover is in place.

Overall on the day of the inspection it was identified that some improvement is needed to ensure that recruitment and selection procedures are safe.

Is Care Effective?

As previously identified, the dental service's recruitment and selection procedures need to be further developed to fully reflect all relevant legislation. Recruitment checks were in place to ensure qualifications, registrations and references are bona fide.

The personnel file reviewed included a job description. Mr McGonigle confirmed that the contract of employment, relating to this personnel file, was with the employee for their signature and approval in accordance with practice policy.

Induction programme templates are in place relevant to specific roles within the practice. Review of an induction programme and discussion with staff evidenced that induction programmes are completed when new staff join the practice.

Discussion with Mr McGonigle and two dental nurses confirmed that staff have been provided with a job description, contract of employment and have received induction training when they commenced work in the practice.

Discussion with staff confirmed that they are aware of their roles and responsibilities.

Clinical staff spoken with confirmed that they have current GDC registration and that they adhere to GDC CPD requirements.

Overall on the day of the inspection it was identified that recruitment and selection procedures are effective.

Is Care Compassionate?

Review of recruitment and selection procedures demonstrated good practice in line with legislative requirements, with the exception of issues previous discussed.

Recruitment and selection procedures, including obtaining an enhanced AccessNI check, minimise the opportunity for unsuitable people to be recruited in the practice.

Discussion with staff demonstrated that they have a good knowledge and understanding of the GDC Standards for the Dental Team and the Scope of Practice.

Discussion with staff demonstrated that the core values of privacy, dignity, respect and patient choice are understood.

Overall on the day of the inspection recruitment and selection procedures were found to be compassionate.

Areas for Improvement

The recruitment and selection policy should be further developed.

Staff personnel files should include all information as outlined in Schedule 2 of the 2005 Regulations.

Access NI disclosure certificates should be handled in keeping with best practice guidance.

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| Number of Requirements: | 0 | Number of Recommendations: | 3 |
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4.5 Additional Areas Examined

5.5.1 Staff Consultation/Questionnaires

During the course of the inspection, the inspector spoke with two dental nurses. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Seven were returned to RQIA within the timescale required.

Review of submitted questionnaires and discussion with staff evidenced that they were provided with a job description and contract of employment on commencing work in the practice. Staff also confirmed that induction programmes are in place for new staff which includes the management of medical emergencies. Staff confirmed that annual training is provided on the management of medical emergencies.

5.5.2 Complaints

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers. However, if there is considered to be a breach of regulation as stated in The Independent Health Care Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

A complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the practice for completion. The evidence provided in the returned questionnaire indicated that no complaints have been received by the practice between 01 January 2014 and 31 March 2015.

5.5.3 Patient consultation

The need for consultation with patients is outlined in The Independent Health Care Regulations (Northern Ireland) 2005, Regulation 17 (3) and The Minimum Standards for Dental Care and Treatment 2011, Standard 9. A patient consultation questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the practice for completion. A copy of the most recent patient satisfaction report was submitted to RQIA prior to the inspection.

Review of the most recent patient satisfaction report demonstrated that the practice pro-actively seeks the views of patients about the quality of treatment and other services provided. Patient feedback whether constructive or critical, is used by the practice to improve, as appropriate.

5. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Barry McGonigle, registered person, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

5.1 Recommendations

This section outlines the recommended actions based on research, recognised sources and The DHSSPS Minimum Standards for Dental Care and Treatment (2011). They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

5.2 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to RQIA's office and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the practice. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the practice.

| Quality Improvement Plan | |
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| Recommendations | |
| Recommendation 1 Ref: Standard 12.4 Stated: First time To be Completed by: Ongoing from the date of the inspection | <p>It is recommended that Glucagon medication is stored in keeping with the manufacturer's guidance. If stored at room temperature a revised expiry date should be recorded on the medication packaging and expiry date check list to reflect that the cold chain has been broken. If being stored in the fridge, daily fridge temperatures should be taken and recorded to evidence that the cold chain has been maintained.</p> <p>Response by Registered Person(s) Detailing the Actions Taken:</p> |
| Recommendation 2 Ref: Standard 12.4 Stated: First time To be Completed by: 24 May 2015 | <p>It is recommended that Oropharyngeal airways are provided in keeping with the Resuscitation Council (UK) Minimum equipment list for cardiopulmonary resuscitation – primary dental care.</p> <p>Response by Registered Person(s) Detailing the Actions Taken:</p> |
| Recommendation 3 Ref: Standard 12.4 Stated: First time To be Completed by: 24 May 2015 | <p>It is recommended that advice and guidance is sought from your medico-legal advisor in relation to the provision of an automated external defibrillator (AED) in the practice. Any recommendations made should be addressed.</p> <p>Response by Registered Person(s) Detailing the Actions Taken:</p> |
| Recommendation 4 Ref: Standard 4.1 Stated: First time To be Completed by: Ongoing from the date of the inspection | <p>It is recommended that a system to ensure that each patient's medical history is updated and recorded at the commencement of each new course of treatment, is established and implemented.</p> <p>Response by Registered Person(s) Detailing the Actions Taken:</p> |
| Recommendation 5 Ref: Standard 11.1 Stated: First time | <p>It is recommended that the recruitment policy and procedure is further developed to ensure the recruitment and selection of staff is undertaken in accordance with best practice and should include;</p> <ul style="list-style-type: none"> evidence that an enhanced AccessNI check is undertaken and received prior to commencing work in the practice, and |



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| To be Completed by: 24 May 2015 | • criminal conviction declaration on applications. | | |
| | Response by Registered Person(s) Detailing the Actions Taken: | | |
| Recommendation 6 Ref: Standard 11.1 Stated: First time To be Completed by: 24 May 2015 | It is recommended that recruitment and selection records as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 should be retained in new staff personnel files. | | |
| | Response by Registered Person(s) Detailing the Actions Taken: | | |
| Recommendation 7 Ref: Standard 11.2 Stated: First time To be Completed by: Ongoing from the date of the inspection | It is recommended that Access NI enhanced disclosure certificates are handled in accordance with the Access NI Code of Practice. | | |
| | Response by Registered Person(s) Detailing the Actions Taken: | | |
| Registered Manager Completing QIP | | Date Completed | |
| Registered Person Approving QIP | | Date Approved | |
| RQIA Inspector Assessing Response | Carmel McKeegan | Date Approved | 09/06/2015 |

**Please ensure the QIP is completed in full and returned to:
 The Regulation and Quality Improvement Authority
 9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT*

08 JUN 2015

Quality Improvement Plan

| Recommendations | |
|---|---|
| Recommendation 1 Ref: Standard 12.4 Stated: First time To be Completed by: Ongoing from the date of the inspection | <p>It is recommended that Glucagon medication is stored in keeping with the manufacturer's guidance. If stored at room temperature a revised expiry date should be recorded on the medication packaging and expiry date check list to reflect that the cold chain has been broken. If being stored in the fridge, daily fridge temperatures should be taken and recorded to evidence that the cold chain has been maintained.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: The expiry date has now been adjusted on the Glucagon package</p> |
| Recommendation 2 Ref: Standard 12.4 Stated: First time To be Completed by: 24 May 2015 | <p>It is recommended that Oropharyngeal airways are provided in keeping with the Resuscitation Council (UK) Minimum equipment list for cardiopulmonary resuscitation – primary dental care.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: All Oropharyngeal sizes now present</p> |
| Recommendation 3 Ref: Standard 12.4 Stated: First time To be Completed by: 24 May 2015 | <p>It is recommended that advice and guidance is sought from your medico-legal advisor in relation to the provision of an automated external defibrillator (AED) in the practice. Any recommendations made should be addressed.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Device to be ordered</p> |
| Recommendation 4 Ref: Standard 4.1 Stated: First time To be Completed by: Ongoing from the date of the inspection | <p>It is recommended that a system to ensure that each patient's medical history is updated and recorded at the commencement of each new course of treatment, is established and implemented.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: This will be addressed at the next practice meeting and new protocol put in place</p> |
| Recommendation 5 Ref: Standard 11.1 Stated: First time | <p>It is recommended that the recruitment policy and procedure is further developed to ensure the recruitment and selection of staff is undertaken in accordance with best practice and should include:</p> <ul style="list-style-type: none"> evidence that an enhanced AccessNI check is undertaken and received prior to commencing work in the practice, and |

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|---|--|-----------------------|--------|
| To be Completed by: 24 May 2015 | <ul style="list-style-type: none"> criminal conviction declaration on applications. Response by Registered Person(s) Detailing the Actions Taken: protocol now adjusted to include that AccessNI check is undertaken and received prior to commencing work Criminal conviction declaration now added into application forms | | |
| Recommendation 6 Ref: Standard 11.1 Stated: First time To be Completed by: 24 May 2015 | It is recommended that recruitment and selection records as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 should be retained in new staff personnel files. Response by Registered Person(s) Detailing the Actions Taken: Schedule 2 of The Independent Health care regulations have now been downloaded, read and retained in new staff personnel files. | | |
| Recommendation 7 Ref: Standard 11.2 Stated: First time To be Completed by: Ongoing from the date of the inspection | It is recommended that Access NI enhanced disclosure certificates are handled in accordance with the Access NI Code of Practice. Response by Registered Person(s) Detailing the Actions Taken: This has now been done | | |
| Registered Manager Completing QIP |  | Date Completed | 5.6.15 |
| Registered Person Approving QIP |  | Date Approved | 9.6.15 |
| RQIA Inspector Assessing Response | | Date Approved | |

*Please ensure the QIP is completed in full and returned to:
 The Regulation and Quality Improvement Authority
 9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3UT